Under the Paperwork Reduction Act of 1995, no persons are requir

Request For

Continued Examination (RCE) **Transmittal**

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	PTO/SB/30 (0	4-05)
U.S. Patent and Trade	for use through 07/31/2006. OMB 0651-0031 mark Office; U.S. DEPARTMENT OF COMME mation unless it displays a valid OMB control nu	
Application Number	10/087,190	
Filing Date	February 28, 2002	
First Named Inventor	Pia M. CHALLITA-EID	
Art Unit	1643	
Examiner Name	D. Blanchard	
Attorney Docket Number	511582003420	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 GPR 1.114 does not apply to any utility of plant application likes prior to durie 1, 1995, or to any design application.							
1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were fled unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
b. x Enclosed							
i. X Amendment/Reply (6 pages) iii. Information Disclosure Statement (IDS)							
Fee Transmittal (1 page + duplicate) Request for Extension of Time (1 page) Other Return Receipt Postcard							
II. Allidavit(s)/Declaration(s)							
2. Miscellaneous							
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)							
b. Other The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.							
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. O3-1952 H-have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.							
i. X RCE fee required under 37 CFR 1.17(e) F 06/22/2006 WASFAW1 00000072 031952 10087190							
ii. X Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:2801 395.00 DA							
iii. Other							
b. Check in the amount of \$ enclosed							
c. Payment by credit card (Form PTO-2038 enclosed)							
SIGNATURE OF APPLACANT, ATTORNEY, OR AGENT REQUIRED							
Signature Date June 19, 2006							
Name (Print/Type) James J. Mullen, III Registration No. 44,957							
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown							

Mains . Weistopher Marian L. Christopher below.

Dated: June 19, 2006

FEE TRANSMITTAL For FY 2006 Second Columbia		Under the Paperwork Reduction Act of 1995, no person are requir				red to respond to a collection of information unless it displays a valid OMB contro Complete if Known				
For FY 2006 First Name inventor Pia M. CHALLITA-EID						10/087,190				
Examiner Name X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1643			• [Filing Date		February 28, 2002				
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1643	For FY	2006		First Named Inventor		Pia M. CHALLITA-EID				
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (plcase identify):				Examiner Name		D. Blanchard				
METHOD OF PAYMENT (check all that apply)	X Applicant claims small entity	status. See 37 CFR 1.2	27	Art Unit		1643				
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number 03-1952 Deposit Account Name: Morrison & Foerster LLP	TOTAL AMOUNT OF PAYMEN	T (\$) 555.00		Attorney Docket No.		511582003420				
Deposit Account Deposit Account Number 03-1952 Deposit Account Name Morrison & Foerster LLP	METHOD OF PAYMENT (ch	neck all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit Card	Money Order	None	Other (please ide	ntify):				
Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	x Deposit Account Deposit Acc	count Number: 03-1952	Deposit Acco	unt Name:	М	orrison & Foer	ster LLP			
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the above-identified	deposit account, the D	Director is	hereby authorize	ed to: (che	eck all that apply)			
Total Claims	x Charge fee(s) indic	cated below		Charge	e fee(s) ir	ndicated below, e	except for th	ne filing f		
The computation Computatio			yment of	x Credit	any over	payments				
Search S			lue upon	filing or may	be subj	ect to a surch	arge.)			
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Total Claims Extra Claims Tee (\$) Fee (\$) Fee Paid (\$) Multiple Dependent Claims 28 -77 = 0 x = 0.00 Indep. Claims Extra Claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims	Reissue	300 150	500	250	600	300	0.	.00		
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	UBMITTED BY gnature	\ <i>\/^?\/</i> \		Registration No. (Attorney/Agent)	44,957	7 Telephone	(858) 72	0-7940		